



**CITY OF SOMERVILLE  
BOARD OF HEALTH  
CITY HALL ANNEX  
50 EVERGREEN AVENUE  
SOMERVILLE, MA 02145  
(617)625-6600 EXT. 4300**

**APPLICATION FOR BODY ART APPRENTICESHIP PERMIT**

License filing fee of \$300 submitted: Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

No. Street

Town/City

State

Zip Code

Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

No. Street

Town/City

State

Zip Code

Emergency Response Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

All residential addresses of applicant for the past five (5) years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D.O.B.: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Proof of age (copy of birth certificate or driver's license) submitted: Yes \_\_\_\_\_ No \_\_\_\_\_

Two (2) front faced portrait photographs (2"x 2") within six (6) months submitted: Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Type of Body Art to be practiced: Body Piercing (only) \_\_\_\_\_

Tattooing, Branding and Scarification (only) \_\_\_\_\_

Both \_\_\_\_\_

What education, training and experience have you had to qualify you to practice Body Art?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diploma and transcript received: Yes \_\_\_\_\_ No \_\_\_\_\_

**Body Art Apprenticeship Permit****(2)**

Former occupations or Body Art occupations of applicant for past three (3) years:

**Occupation****Name of Business and Address**

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At what place or places do you wish to be licensed to practice apprenticeship?

**Business Name****Address**

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List the name of the supervising Body Art Practitioner.

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Have you had a license or permit to practice Body Art suspended or revoked by any agency or board, city, county or state? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain:

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List all criminal convictions, forfeiture of bond, or plea of nolo contendere, excluding traffic, misdemeanor or infraction violations:

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I authorize and release the Board of Health to seek information or references necessary to verify the information contained in this application:

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**Signature of Applicant**

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**Date**

I certify under penalty of perjury that all information contained in this application is true and correct. Any misstatements in this application are grounds for refusing to issue or for revocation of any license issued.

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**Signature of Applicant**

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**Date**